		Union	
FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
CHECK ONE:		DR-1	OF
This is an Initial* Statement of Organization		(Rev. 10/2009)	ORGANIZATION
This is an amended* Statement of Organization	Reset Form	For Office Use (	
* Statement must be filed within 10 days of committee accepting contribution incurring debts exceeding \$750. Amendments must be filed within 30 days	ns, making expenditures, or	Comm.#	10000
Effective January 1, 2010, all statements and reports filed by new committee	s for state office must be filed	Indexed Audited	
electronically and effective January 1, 2012, all statements and reports filed must be filed electronically.	by all committees for state office	Computer	
COMMITTEE NAME $\downarrow \downarrow$ (A candidate's committee must include the candidate's last name in the name of the committee ) if amending committee name			
put old name in ( )		,	<b>~</b>
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Jas m man	<b>2</b>		<b></b>
IMPORTANT: Indicate type of committee you are reporting for:  (1) Statewide/LegIslative/Judge Standing for Retention Candidate (2)	Statewilde BAC ( 2 )State Bartin ( 4	10	
i ( 3 ICOUNTY Candidate ( 6 ICity Candidate ( 7 ISchool Roard or Other D	olitical Subdivicion Condidato / 9	Manual DAC (DAC	14. DAG
(10) School Board or Other Political Subdivision PAC (11) Ballot Issue (Including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	atom overnt for a se	
Name 🖟	Name + +	atory except for a ca	111
Mailing Address & Mailing Addr	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 N C	<u> </u>
- Co a alast adams	Mailing Address ↓ ↓		<b>5</b> 🖺
City, State ↓ Zip Code ↓ ↓	City, State ↓ ↓ Zip Code ↓ ↓		
- Man 380/	[ <del></del>		
Phone (641) 340 -1455	Phone ( )		
e-Mail			· · · · · · · · · · · · · · · · · · ·
INDICATE PURPOSE OF COMMITTEE - Check One Box Advo	e-Mail	hisasta far hallet las.	
Comment or description:		dvocate for ballot issu	
All Candidates Enter: Junimor West of	q County/Local Candidates a	nd Ballot Issue Con	nmittees Enter:
Office Sought.	County:	ئىرىد	
D-100-10 (05 1) (1) (1)	obuilty.		
Political Party (if applicable)	(If active in multiple ballot iss	ue elections, attach li	st of counties
District:		_	
District: 2 Year Standing for Election: 20/7		ue elections, attach li $\mathcal{W}\mathcal{J}$ - $\mathcal{J}$ 0	
District:	Date of Election:	W2 -20. arent Entity (PACs.	10
District: 2 Year Standing for Election: 20/7	Date of Election:	w2-20	10
Year Standing for Election: 30/0  Bank Account Name (must match committee name)	Date of Election: Or P	W2 -20. arent Entity (PACs.	10
District: 2 Year Standing for Election: 20/7	Date of Election:	W2 -20. arent Entity (PACs.	10
Pistrict:  Year Standing for Election:  Bank Account Name (must match committee name)  Name of Financial Institution/type of Account	Date of Election:  Candidate name & Address or P  Mailing Address   Mailing Address	W2 -20. arent Entity (PACs.	10
Year Standing for Election: 30/0  Bank Account Name (must match committee name)	Date of Election: Or P	W2 -20. arent Entity (PACs.	10
Plant Account Name (must match committee name)  Name of Financial Institution/type of Account	Date of Election:  Candidate name & Address or P  Mailing Address   Mailing Address	WA - 20 arent Entity (PACs, affiliate, or Sponsor	10
Plant Account Name (must match committee name)  Name of Financial Institution/type of Account	Date of Election:  Candidate name & Address or P  A  Mailing Address   City    City	WA - 20 arent Entity (PACs, affiliate, or Sponsor	10
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Plank Account Name (must match committee name)  Name of Financial Institution/type of Account  Mailing Address  City State Tip Tip  STATEMENT OF AFFIRMATION: By filing this document the committee affirm  1. The committee and all persons connected with the committee understand that rules in Chapter 351 of the Iowa Administrative Code.  2. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of discloss subjects the candidate or chairperson (in the case of committees other than a cand imposition of other criminal and civil sanctions.  3. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the materials except for those items exempted by statute or rule. A committee that wis does not intend to cross the \$750 filling threshold shall file the Form DR-SFA form  4. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the	Candidate name & Address or P  A  Mailing Address   City   Phone ( )  e-Mail  ms the following: they are subject to the laws in lowa Cocure reports and that the failure to file the didate's committee) to the automatic as placement of the words "paid for by" are shes to register a committee name for pain lieu of filling this form.	arent Entity (PACs. Affiliate, or Sponsor  State   de chapters 68A and 6  assert reports on or before sessment of a civil per and the name of the concurposes of using the state of the committees except for the committees excep	BB and the administrative ethe required due dates nalty and the possible nmittee on all political shorter "paid for by" and
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